

CITY OF ASBURY PARK  
ONE MUNICIPAL PLAZA  
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100  
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## APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Required for: Change of use; Transfer of Title; New business operations to obtain mercantile license; Completion of development projects for Resolution Compliance.

APPLICATION# \_\_\_\_\_

Received \_\_\_\_\_

Property Address \_\_\_\_\_ Asbury Park, NJ

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Contact#: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Applicant's Affiliation to Property Owner (Check One):  Same  Tenant  Agent  Contract Purchaser

Previous Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
(Single Family, 2 family, Commercial, etc.)

Purpose/Comments (e.g., Transfer of title, New Business (explain type), Resolution Compliance, Verification of Use, etc. For new business applications, please provide a simple schematic of the layout of the space & how it will be utilized on the back of this form or attached.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that the Certificate of Zoning Compliance is issued based solely on the information presented to the Zoning officer on this application. I further acknowledge that the information is incomplete or misleading, the Zoning Permit may be revoked and I will be subject to possible penalties in accordance with the City of Asbury Park Land Development Ordinance.

Signature of applicant:

\_\_\_\_\_ Date: \_\_\_\_\_

**FEE: \$20.00**

Date paid:    /    /	Cash / Check / M.O.#	Received by:
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